

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 249A.4 and 2011 Iowa Acts, House File 649, section 10, subsection 20(a), the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

These amendments change the Medicaid criterion for the medical necessity of orthodontia for children by raising the minimum score on the Salzmann index to 26. (Orthodontia coverage for members over the age of 21 was eliminated in 2002.) The minimum Salzmann index score currently used to establish medical necessity for orthodontia is 21. Changing this criterion is one of the Medicaid cost containment strategies recommended by Governor Branstad. 2011 Iowa Acts, House File 649, authorizes the Department to implement these recommendations.

Of the 17 states that responded to a survey requesting Medicaid criteria for orthodontia, Iowa’s criterion is one of the most liberal. The survey showed that other Midwestern states have established criteria at the following indexes: Illinois at 42, Missouri at 28, Nebraska at 40, and Wisconsin at 30. The criterion used in Iowa’s HAWK-I program is 26. Changing the Iowa Medicaid criterion will align the policies of the two Iowa programs and move Iowa’s Medicaid criterion toward the level required by many other states.

The Council on Human Services adopted these amendments on August 10, 2011.

These amendments do not provide for waivers in specified situations because the savings assumed in the Department’s appropriations will not be achieved if waivers are provided. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

The Department finds that notice and public participation are impracticable because the Department’s appropriation for the fiscal year beginning July 1, 2011, assumes the implementation of the cost containment strategies recommended by the Governor without a delay for notice and public comment. Therefore, these amendments are filed pursuant to Iowa Code section 17A.4(3).

The Department also finds, pursuant to Iowa Code section 17A.5(2)“b”(1), that the normal effective date of these amendments should be waived, as authorized by 2011 Iowa Acts, House File 649, section 10, subsection 20(a).

These amendments are also published herein under Notice of Intended Action as **ARC 9703B** to allow for public comment.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4 and 2011 Iowa Acts, House File 649, section 10, subsection 20(a).

These amendments became effective September 1, 2011.

The following amendments are adopted.

ITEM 1. Amend subrule 78.4(8) as follows:

78.4(8) Orthodontic procedures. Payment may be made for the following orthodontic procedures:

a. ~~When prior approval has been given for orthodontic~~ Orthodontic services to treat the most handicapping malocclusions ~~in a manner consistent with~~ are payable with prior approval. A score of 26 or above on the index from “Handicapping Malocclusion Assessment to Establish Treatment Priority,” by J. A. Salzmann, D.D.S., American Journal of Orthodontics, October 1968, is required for approval.

(1) A handicapping malocclusion is a condition that constitutes a hazard to the maintenance of oral health and interferes with the well-being of the patient by causing impaired mastication, dysfunction of the temporomandibular articulation, susceptibility to periodontal disease, susceptibility to dental caries, and impaired speech due to malpositions of the teeth. Treatment of handicapping malocclusions will be approved only for the severe and the most handicapping. Assessment of the most handicapping malocclusion is determined by the magnitude of the following variables: degree of malalignment, missing teeth, angle classification, overjet and overbite, openbite, and crossbite.

(2) A request to perform an orthodontic procedure must be accompanied by an interpreted cephalometric radiograph and study models trimmed so that the models simulate centric occlusion of the patient. A written plan of treatment must accompany the diagnostic aids. Posttreatment records must be furnished upon request of the Iowa Medicaid enterprise.

(3) Approval may be made for eight units of a three-month active treatment period. Additional units may be approved by the Iowa Medicaid enterprise's orthodontic consultant if found to be medically necessary. (Cross-reference 78.28(2)“d”)

b. and *c.* No change.

ITEM 2. Amend paragraph **78.28(2)“d”** as follows:

d. Orthodontic services ~~will be approved when it is determined that a patient has the most to treat~~ a handicapping malocclusion are payable with prior approval. This determination is made in a manner consistent with A score of 26 or above on the index from the “Handicapping Malocclusion Assessment to Establish Treatment Priority,” by J. A. Salzman, D.D.S., American Journal of Orthodontics, October 1968, is required for approval.

(1) to (3) No change.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 9/7/11.